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## \*BIBDATASHEET\*

CONFIRMATION NO. 3417

Bib Data Sheet

SERIAL NUMBER 10/637,135	FILING DATE 08/08/2003  RULE	CLASS 137	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. TOMZ 2 00428
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/402,506 08/09/2002  
 and claims benefit of 60/421,730 10/28/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/06/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Shirley M. Adams</i> Examiner's Signature Initials			

ADDRESS  
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TITLE  
 Modular air gap device and faucet including same

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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